## PART B - FEE(S) TRANSMITTAL

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appropriate. All further cor indicated unless corrected l maintenance fee notification	respondence including the P below or directed otherwise as.	atent, advance orders and in Block I, by (a) specifi	l notification of ying a new corre	maintenance fees s espondence address	ured). Blocks I through 5 s will be mailed to the current ; and/or (b) indicating a sep	correspondence address arate "BEE ADDRESS"
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Matthew E. Connor Gauthier & Connor Suite 3300 225 Franklin Street	rs LLP	PATER OF TRACE	I h Sta	ereby certify that the stes Postal Service dressed to the Ma	rtificate of Mailing or Tran his Fee(s) Transmittal is bein with sufficient postage for fin il Stop ISSUE FEE address PTO (703) 746-4000, on the	smission g deposited with the Un rst class mail in an envel above, or being facsim
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APPLICATION NO.	FILING DATE	FIRST N	AMED INVENTO	R	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/733,977	10/733,977 12/11/2003		Lionel C. Kimerling		MIT.10086	1313
TITLE OF INVENTION: W	/AVEGUIDE-TO-SEMICON	DUCTOR DEVICE CO	UPLER			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBL	ICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700		\$300	\$1000	06/13/2005
EXAMINER		ART UNIT	CLAS	SS-SUBCLASS		
DUPUIS, DEREK L 2883			38	35-028000	_	
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> </ol>			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,			
Address form P1O/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND	RESIDENCE DATA TO BI	E PRINTED ON THE PA	TENT (print or t	/pe)		
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Massachuset	tts Institute of	Technology	C	ambridge,	Massachusetts	
Please check the appropriate	assignee category or categor	ies (will not be printed on	the patent):	Individual 🌇 C	orporation or other private gr	oup entity Governm
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Authorized Signature 2	Atthews Com			Date	6/1/05	:
Typed or printed name Matthew E. Connors			Registration No. 33,298			
This collection of informatic an application. Confidentiali submitting the completed ap this form and/or suggestions Box 1450, Alexandra, Virgi Alexandra, Virginia 22313-	on is required by 37 CFR 1.31 ity is governed by 35 U.S.C. oplication form to the USPTC for reducing this burden, shuina 22313-1450. DO NOT S 1450.	The information is requive 122 and 37 CFR 1.14. The contraction of the contraction of the chief I END FEES OR COMPLIANCE.	is collection is eing upon the indinformation Office ETED FORMS T	retain a benefit by stimated to take 12 vidual case. Any c er, U.S. Patent and O THIS ADDRES	the public which is to file (an minutes to complete, includi- omments on the amount of ti Trademark Office, U.S. Dep S. SEND TO: Commissioner displays a valid OMB contro	ng gathering, preparing, me you require to comp lartment of Commerce, P for Patents, P.O. Box 14